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GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Hæmoptysis. Delivered at St. Thomas's Hospital, by THOMAS B. PEACOCK, M.D., &c., Senior Physician to the Hospital.

GENTLEMEN: There are few affections which the practitioner is more frequently called upon to treat, and none which offer greater difficulties in the selection of their treatment, or are more alarming to the patients and their friends, than hæmoptysis. I have therefore thought that a few remarks on the subject would be not without use and interest to you, and the more especially as we have, during the summer and recently, had cases in the wards which bear upon several of the points on which I propose to speak.

Under the term of hæmoptysis, however, I must be understood to refer to cases of hemorrhage proceeding from the substance

of the lungs or bronchial mucous membrane, not to cases in which blood is poured into the tubes from the sac of an aortic aneurism.

Hæmoptysis, thus understood, may occur under the following different circumstances: 1st. When there is considerable vascular excitement or active inflammatory action, while the loss of blood, instead of being, as in ordinary cases of pneumonia, a mere tinge, is entirely disproportionate to the amount of inflammation which exists; 2dly. When it arises in connection with extreme congestion, temporary or permanent, of the lungs; 3dly. When it occurs without having been preceded by any decided exciting cause, or after the operation of only some slight cause, and in persons who, though they may be at the time in good or average health, are predisposed, either hereditarily or otherwise, to consumption; 4thly. When it arises in persons who are already the subjects of

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disease in the lungs to a more or less marked extent.

The symptoms of the disease, the course which it is likely to run, and, to a considerable extent, the treatment which it should receive, will vary in each of these different forms.

The first form of haemoptysis is generally seen in persons who have been much exposed to cold or damp, or to the two combined. I have known it occur after bathing, and in persons who had sustained hardships during stormy weather at sea. In these cases the haemoptysis is not generally profuse, but the blood which is expectorated is very viscid, probably from containing a large proportion of fibrin, and is mixed with the products of inflammation. The inflammatory action may affect chiefly the cells of the lungs or bronchial mucous membrane, but more frequently the whole substance is more or less involved. The hemorrhage which occurs in acute plastic bronchitis, on the separation of the exuded false membrane, affords another example of this form. I have not myself seen any case of the kind, but various instances are on record, and I may particularly refer to two cases mentioned by Sir Thomas Watson. In this form of haemoptysis, in addition to the signs caused by the presence of blood in the lungs, there will also be the usual evidences of bronchitis or pneumonia, together with the furred tongue, the flushed face, the dry skin, and the increased temperature which attend these diseases.

The second form of the affection occurs in connection with mitral obstruction and regurgitation, and especially with the latter, and is usually combined with pulmonary apoplexy. The blood expectorated in these cases is generally dark-coloured and airless. It is not brought up in large quantities, and is usually combined with other secretions, such as are thrown out in cases of chronic bronchitis, bronchopneumonia, and oedema of the lungs. Blood also is expectorated under similar circumstances in cases of imperfect expansion of the lungs combined with deformity of the spine.

The third and fourth forms of the affection are those which are of most

common occurrence. In the first of these the expectoration is often very profuse, and the blood at first brought up is very fluid and contains much air. Subsequently it is often coagulated, dark-coloured, and airless. The expectoration rarely occurs to a marked extent at first, but generally there is a little blood brought up, perhaps only a few drops or a teaspoonful of fluid blood, or a small coagulated mass; and this may be followed, after an interval of a few hours or a day or two, by a similar but larger expectoration, and that again perhaps by a very profuse hemorrhage, which takes place rapidly, so that the patient will expectorate the blood constantly for some minutes or hours. Generally an expectoration of this kind arises after some failure of health; the patient has been languid or feeble, and his appetite and digestion impaired, suffering from a little cough, with or without expectoration, and has been noticed by his friends to be falling away in bulk for some little time. Under these circumstances, the first expectoration may occur without having been preceded by any obvious exciting cause, or only after some slight exposure to cold. In other cases, the hemorrhage occurs in persons quite in good health, and then generally follows the operation of some decided exciting cause—playing at cricket, football, or rowing, or lifting heavy weights; or it takes place in persons of dissipated habits after a debauch. It is rare that an expectoration of blood occurs suddenly, and equally suddenly ceases. Generally after the bleeding has come on somewhat gradually in the way described, and has continued for hours, or a day or two, it ceases, either entirely or partially, and recurs again, though to a smaller extent, in some hours, or in two or three days, or a week; and generally in the interval, and after the final cessation, blood, evidently of old date, is expectorated. Should a copious hemorrhage of bright blood suddenly occur, and equally suddenly cease, it will most probably have proceeded from the sac of an aneurism which has formed a connection with the trachea or larger bronchial tubes. During the process of cessation the sputum generally

continues bloody for some days, either the whole mass being more or less deeply tinged, or the matter expectorated consisting partly of bloody sputum and partly of ordinary bronchitic or pneumonic expectoration, having a more or less dark colour. Very often the sputum, especially when the hemorrhage has been profuse, is very offensive to the smell. Occasionally, when there has been large loss of blood, after some time has elapsed, the patient will cough up a distinct moulded and partly decolorized coagulum, or, as it was termed by the older pathologists, a "bronchial polypus."

The results of stethoscopic examination vary in these cases. Supposing the lungs to have been previously free from disease during the active period of the hemorrhage somewhat small crepitation is heard, though the sound is less fine than that which indicates the first stage of pneumonia, and the resonance on percussion will be little, if at all, impaired. Supposing the hemorrhage to go on, and the blood not to be entirely expectorated, a portion of the lung, generally under one clavicle, becomes consolidated; the movement of the parietes is almost entirely abolished; there is entire dullness on percussion; and the respiratory sounds are almost absent, or there is decided bronchial respiration. This dull space may be very extensive, occupying, perhaps, the whole of one upper mammary region, and generally, but not invariably, around the margins of the dull space, crepitation of a more or less fine character is heard. Subsequently, as the blood is expectorated or absorbed, the air again enters into the consolidated portion, and sounds similar to the returning crepitation of pneumonia become audible. I have occasionally known the anterior portions of the chest to yield a peculiarly clear note on percussion—to become, indeed, quite tympanic, while the chest movement is almost abolished, and the respiratory sounds are nearly inaudible. The explanation of this peculiar condition is, I think, to be found in the obstruction of the posterior part of the lungs by the extravasated blood gravitating to the back as the patient

occupies the recumbent position, and so causing the air more fully to inflate the anterior portions, while the obstruction in the tubes prevents the escape of the air which has entered into the distended cells. When, after a time, the removal of the blood from the posterior part of the chest allows the air again to enter into these portions of the lung, the undue inflation of the other part ceases, and the respiratory movements and sounds return without the occurrence, perhaps, of any crepitation, or any other morbid sounds, being heard in the inflated portion of the lung. Of course, after an attack of this kind there is more or less constitutional disturbance, for not only is the respiratory process interfered with by the extravasated blood, but there is also a rent in the substance of the lung, which is necessarily followed by inflammatory action: hence, the pulse is quickened; the breathing rapid and short; there is a troublesome cough, often both severe and frequent; and the temperature is raised. As these attacks generally occur in persons of debilitated habit, they are attended by considerable prostration of strength, the fever has a tendency to assume the hectic type, characterized by a low temperature and great feeling of exhaustion in the morning, and by marked increase in heat and aggravation of all the symptoms at night.

It has been thought that hemorrhage of this kind is necessarily connected with some deposit in the chest, but I am well convinced that it is not always so. I have seen cases in which the hemorrhage has proved fatal, and no appearance of tubercle has been found in the lungs; and, judging from clinical experience, I should regard such an occurrence as not uncommon; certainly cases of haemoptysis are not unfrequently met with in which the lungs, if not absolutely sound, do not present evidences of material disease.

The last form of haemoptysis is also of very frequent occurrence. In this the hemorrhage is not generally profuse; often it only amounts to some streaks or specks in the sputum, or to the expectoration of a few masses of deeply tinged sputum or of blood; but it is generally

of this description, because the blood-vessels in the neighborhood of cavities in the lungs are ordinarily occluded by adherent coagula. Occasionally, however, a large expectoration of blood takes place where there is decided disease of the lungs. Thus, in some cases, in consequence of the formation of a small cavity in the neighbourhood of one of the large branches of the pulmonary artery, the coats of the vessel, being deprived of support, become expanded, and so a small aneurism is formed, which giving way allows a large escape of blood to take place. This, I believe, generally occurs in early and rapidly progressing phthisis. In other cases of advanced phthisis copious hemorrhage may also occur from a vessel, probably only of small size, giving way. The blood oozing from it gradually fills the cavities, and is then expectorated in large quantities, simulating the sudden outpouring of blood by a large vessel. In cases of this description the physical signs will differ from those in the second form, as, in addition to those which may result from the outpouring of blood, there will be evidence of more or less previous disease in the lungs.

The immediate sources of danger in cases of hemoptysis are—first, shock or syncope from the sudden and rapid occurrence of profuse hemorrhage in a healthy person, or from the escape of smaller quantities of blood in a person previously in delicate health or the subject of disease; and, secondly, apnea, from the accumulation of blood in the lungs which the patient is not able to expectorate. It is, however, rare that the quantity of blood discharged at one time is so great as to destroy life by the shock which it occasions, if the attack occur in a person previously healthy; but in those who are the subjects of disease and already much reduced, such a result may readily ensue. So also the engorgement of the lungs from inability to bring up the blood which is thrown out, and consequent death from apnea, is more likely to occur in a person previously phthisical. Most generally, however, death is the result of a combination of these causes, aggravated by the alarm

which the hemorrhage creates; and thus patients often die after comparatively small losses of blood, and in whom there has occurred but little bleeding into the lungs.

The more remote sources of danger are—first, gradual sinking from repeated small losses of blood; secondly, the development of low inflammation affecting the mucous membrane of the bronchi, or the substance of the lungs, and more generally both; and, thirdly, at a still more distant period, the supervention of phthisis. Of these the second is, perhaps, the most frequent cause of the fatal result. It often happens, in cases where the patient has sustained very large losses of blood but where the tendency to hemorrhage appears to have subsided, that after a few days have elapsed inflammatory symptoms supervene and rapidly carry off the patient. In all cases, as there is necessarily some injury to the texture of the lung, inflammatory action must, however, ensue to a greater or less extent, and often there is a more general congestion of the lung, probably due to chill and exposure.

The prognosis in any given case of phthisis must be founded on the following considerations: 1. On the amount of blood which has already been lost, the degree of prostration which it has occasioned, and the ability of the patient to sustain a further hemorrhage should it occur. 2. On the condition of the lung as affected by the hemorrhage which has occurred, and the facility with which the blood effused has been expectorated. 3. On the previous state of health of the patient, as rendering it probable that the lungs were before in a healthy state or more or less diseased. 4. On the family and personal history, as indicating the existence of a predisposition to phthisis, which may entail danger of the supervention of that disease, even though the hemorrhage has been very slight, and the lungs at the time of the attack were entirely free.

It is often very difficult, when the practitioner is called to a patient who is spitting blood, and with whose previous state he is unacquainted, to ascertain the con-

dition of the lungs before the occurrence. The engorgement of a portion—most generally the upper part—on one or both sides, may give rise to all the signs of consolidation, and may lead to the conclusion that the patient was labouring under serious disease before the occurrence of the hemorrhage; yet this conclusion may be incorrect. With the progress of the case the signs may wholly disappear, and the patient may entirely recover, with little or no evidence remaining of any disease of the lung. On the other hand, the peculiar inflation of the anterior part of the chest, consequent apparently on the engorgement of the posterior portions, may entirely cover the dulness on percussion, which would otherwise have been occasioned by a limited deposit of tubercle or other kind of consolidation. If, however, the loss of blood has been small, and the patient is but little reduced by it, a very cautious prognosis should always be given; for at any time, when least expected, a repetition of the hemorrhage may occur; and in cases where there is reason to believe that the lungs were sound previous to the attack, and where the predisposition to phthisis is but slight or altogether absent, that disease may, nevertheless, sooner or later occur. Of course, however, the immediate danger is greater in proportion to the extent of the hemorrhage and the degree of prostration, and the ultimate danger of the supervention of consumption or of the aggravation of any disease which exists is equally increased by these causes and by the existence of a decided predisposition to the disease. In no cases, however, does phthisis more surely and rapidly supervene than when repeated attacks of hemorrhage occur at short intervals, though the amount of blood lost in each attack may only be trivial.

It is evident that the treatment which should be adopted in cases of haemoptysis must vary considerably according to the circumstances under which the discharge of blood occurs. In the first form of the affection, or that in which the hemorrhage occurs in connection with considerable vascular excitement or actual inflamma-

tory action, the treatment must be chiefly directed to the relief of that condition: though it may be necessary to employ remedies calculated directly to arrest the bleeding in conjunction with such treatment, or after the excited action has subsided. In such cases, therefore, we must employ sedatives, together with remedies that reduce the condition of the blood, and promote elimination, especially by the skin and kidneys; and I believe, though I have not myself of late years adopted the practice, that general bleeding to a moderate extent would in cases of this kind be often beneficial.

In cases in which the blood is expectorated from the rupture of vessels very greatly distended in consequence of obstruction to the flow of blood through the lungs, in connection with mitral valvular disease or otherwise, the loss of blood is not generally so large as to be in itself very important, though the lungs are often still further embarrassed by the infiltration of the blood into their tissue. In these cases the attention must mainly be directed to relieve the condition upon which the disease is primarily dependent. We should chiefly employ eliminants, so as, by promoting the flow of the urine and the secretion from the alimentary mucous membrane, to lessen the amount of the circulating fluid and relieve the general congestion. It is questionable whether in some of these cases the greatest relief would not be obtained by blood-letting to a moderate amount. This I have two or three times tried, and certainly in one case with very striking benefit. Most generally, however, the indication is to be carried out by the use of purgatives and diuretics combined with medicines calculated to give tone to the muscular structure of the heart. It is in these cases that digitalis is often found eminently useful, acting as it does as a diuretic, and, if not too long continued, giving strength to the pulse, and reducing its frequency. On this subject what I have said elsewhere has been somewhat misunderstood. I cannot doubt that the first effect of the exhibition of digitalis is to quiet the action of the heart and arteries, but I feel well convinced that this effect

is only of temporary duration, and that, if the remedy be long continued, it exercises a generally depressing power, under which the pulse again rises. I believe digitalis to be eminently useful, partly by its sedative and partly by its diuretic action, especially in those cases in which, with mitral incompetency, there is dilatation and weakness of the left ventricle, giving rise to great irregularity in the action of the heart, and generally combined with dropsy.

In reference to the third and fourth forms of haemoptysis, they are mainly to be met by sedative and astringent treatment.

In all cases it is of the greatest possible importance that entire rest and absence of all excitement should be enforced; and this whether the hemorrhage be only slight or more copious. It must be borne in mind in cases where for the first time a small hemorrhage occurs, that such often precedes the outpouring of a large amount of blood, and every precaution should therefore be taken. It is also desirable that these precautions should be continued for some time, as it is quite impossible to say when the hemorrhage may not recur. After copious hemorrhage it is better not to disturb the patient for the sake of obtaining a good examination of the chest; the information so gained may be very valuable as furnishing the basis of a correct prognosis, but it may be gained at too great a cost. I have seen the discharge of blood brought on by simply raising the patient so as to examine the chest, and a fatal result all but occasioned. For the immediate checking of the hemorrhage, the spray of tincture of perchloride of iron is often very useful; and the presence of the medical attendant, and his calmness and composure when the friends and attendants are in the greatest alarm, will often do much to encourage the patient, and to lessen the loss of blood which would otherwise be sustained.

The remedies to be applied must vary with the nature of the case. If the hemorrhage be only slight, and the patient previously in good health, mild astringents, with slight sedatives, such as the sul-

phuric acid and sulphate of magnesia, may be all that is needed; but, when the haemoptysis is profuse, the more powerful sedative styptics must be had recourse to, as the acetate of lead or gallic acid, and especially combined with opium to quiet the nervous excitement. In cases, on the other hand, in which the patient is previously feeble or much reduced, the more stimulating astringents, as the oil of turpentine, must be employed. The food given must be mild and unstimulating, but nutritious, for few persons who suffer from haemoptysis are really robust and capable of bearing much reduction. The food also is generally given cold or cool, and it is probably best to do so; but I am not satisfied that much benefit results from swallowing ice. It cannot, I think, exercise much constricting on the vessel which is bleeding in the lungs, and may cause gastralgia or diarrhea. Still less do I approve of the application of cold water or ice to the exterior of the chest. It seems improbable that such application can have much effect in checking the hemorrhage, while it may, by increasing internal congestion, promote it; and it must certainly, by chilling the patient, be liable to cause inflammation of the lungs, which, it has been before said, is very apt in all cases to arise after pulmonary hemorrhage, and not unfrequently occasions the fatal result.

Whatever be the course of treatment which it is thought right to adopt at the commencement of an attack of haemoptysis, sooner or later it is generally necessary to have recourse to more stimulating and supporting measures. Thus, if the hemorrhage continue, in place of sedatives the stimulating and tonic styptics must be given in combination with more decided support and the diffusible stimulants. It is often difficult to decide when the time has arrived for this change to be made, and it may be necessary to adopt at first a somewhat tentative plan. Thus ammonia may be given, or brandy diluted with water, beef-tea, or thin arrowroot, in very small doses, not more than half a teaspoonful or a teaspoonful, may be administered. If the pulse becomes quieter, there can be no doubt of the

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propriety of continuing the treatment, the doses being exhibited at more or less frequent intervals according to the urgency of the symptoms and the effects produced. I have thus frequently seen hemorrhage checked which was previously but little influenced by the treatment adopted. In some cases, and especially where the hemorrhage takes place into the lungs, and the patient, from weakness or other cause, is incapable of expectorating the blood, stimulants must be given most freely, and form indeed the only chance for the life of the patient. Above all things in such cases the most entire quiet must be enforced. Great care is often needed in exhibiting aperients. I have known alarming and almost fatal sinking caused by their action. The bowels should be relieved, but it is safest to accomplish this by the use of enemata.

In cases of the fourth form of blood-spitting, when there is already extensive and advanced disease of the lungs, and the patient's strength is much reduced, the treatment must be cautiously adapted to the amount of the hemorrhage and the power of the patient. In some such cases the hemorrhage depends upon some temporary congestion from exposure to cold, and, if only to a slight extent, it may be very much left to itself, or even met by some mild eliminating treatment. When, however, the bleeding is at all profuse, powerful stimulating styptics must be given. The support and stimulus which the patient was previously taking must also be very cautiously reduced, or it may be necessary still to continue it, or even to increase the quantity. The most complete absence of excitement must be enjoined.

The after-treatment of cases of hemorrhage rather falls under the course to be adopted for the prevention of phthisis, and has been already alluded to on a former occasion; it is therefore not necessary to dwell upon it at present. I may, however, remark that the danger of the occurrence of subsequent disease of the lungs being superinduced is greater in proportion to the large extent of the loss of blood which has been sustained, the prostration which it has produced, and

the evidence of previous disease of the lungs, or of predisposition to phthisis, hereditary or acquired. Great caution also is needed in carrying out the subsequent course of treatment and regimen, that the patient should not suddenly become plethoric, that all active exertion of body or excitement of mind should be avoided, and especially that he should be carefully protected against the influence of cold. It is always desirable, if the patient's circumstances allow of it, that he should spend the first winter following an attack of spitting of blood in a warm climate or warm situation; or, if he be not too weak and be a good sailor and not liable to suffer from sea-sickness, he should take a sea-voyage, so as to enjoy the invigorating effects of fresh air and change of scene, without fatigue or undue exertion. It is undesirable that he should travel much by land, lest he should so take cold or have a return of the hemorrhage; and this is especially to be avoided in countries where, in the event of any serious symptoms supervening, he would be incapable of obtaining adequate medical care and attention.—*Lancet*, Dec. 23, 1871.

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Abstract of a Clinical Lecture on Dropsy.
By CHARLES MURCHISON, M.D., Joint
Lecturer on Medicine at St. Thomas's
Hospital Medical School, etc. (Delivered
at St. Thomas's Hospital Nov. 2, 1871.)

After noticing the general nature of dropsy, and tracing it to the osmotic circulation constantly going on in the tissues of the body, and between the vascular system and the serous and mucous membranes, Dr. Murchison said that the causes of dropsy may be reduced to two heads—(1) excessive venous repletion, and (2) diminished exhalation in one part of the body, leading to compensatory exhalation in another. There are some other causes, he said, which you will find mentioned, and which may contribute to the existence of dropsy; one of these is an altered condition of the blood. No doubt this may assist in the production of dropsy, as in anæmia or hydremia, when the blood passes more easily through the membranes than in the state of health; still,

in the dropsy of anæmia, you will find the heart at fault mainly; there is a deficiency in its propelling power. There is a general impression that, in renal disease, the dropsy is due to an altered state of the blood; but I shall give you some reasons for a different conclusion—that the dropsy from kidney disease is to be explained by the second general cause which I have mentioned. Some writers speak of dropsy as sometimes having a nervous origin; and cases of dropsy, associated with paraplegia, and even with hemiplegia, have been recorded by Dr. Laycock, of Edinburgh, in support of this view. But this cause of dropsy is certainly far from common. It is very important to remember the two main causes of dropsy, for the key to the whole treatment depends upon them.

Dr. Murchison then divided the forms of dropsy, from a clinical point of view, into three: 1. Partial dropsy, or dropsy limited to one part of the body throughout its course; 2. Dropsy which is first partial, but becomes general; and 3. Dropsy which is general from the first. The first form is due always to excessive venous repletion; and this over-distension of the small veins is the result of some mechanical impediment to the venous circulation. Dr. Murchison illustrated this by various examples, and called particular attention to the clinical characters of the dropsy due to obstructed portal circulation, *viz.*: the beginning of the dropsy in the abdomen; the dyspnea following, but not preceding, the ascites; the tendency to hemorrhoids, vomiting, and diarrhea, or to hematemesis; enlarged spleen and varicose veins on the right side of the abdomen. In the second form of dropsy, the swelling begins in the feet and proceeds upwards; and this also is due to excessive venous repletion, from obstructed venous circulation. But here the obstruction is in the central organ of circulation—most frequently mitral disease, or fatty heart, or dilated right side of heart, consequent on chronic bronchitis and emphysema. In the third form of dropsy, the swelling invades all parts of the body at once; and this is due to diminished exhalation in one part, leading to compensatory exhalation in another. This dropsy is al-

most invariably renal. Albumen is present in the urine. How is it that disease of the kidneys produces dropsy? On this point you will find great difference of opinion among different writers. In some works this question is rather evaded than answered; but the general view is, that in consequence of disease of the kidney, the blood becomes poisoned, and, as the result of this altered condition, the liquor sanguinis exudes. For example, Dr. Owen Rees, in the Harveian Oration, a few years ago, made the remark that the retention in the blood of the urinary salts made the liquor sanguinis permeate the membranes with increased facility. But there is one very important objection to this view of the case—that, if it be correct, it is most remarkable that in the form of kidney-disease, in which of all others there is the greatest tendency to the retention of the urinary salts in the blood, there is little or no tendency to dropsy. I mean the contracted granular or gouty kidney, the peculiarity of which disease is, that the patients often die of uremic coma and convulsions, with little or no dropsy. We must look, then, for some other cause of the dropsy. It is this: you get a diminished exhalation of water from the kidney; and hence dropsy is chiefly met with in those forms of kidney-disease in which the tubes are blocked up by diseased epithelium or inflammatory products (acute nephritis and fatty kidney).

Dr. Murchison then made some remarks on treatment. In the first place, one great object is to relieve venous repletion, which, in the case of portal dropsy, may be accomplished by purgatives, which cause a watery exhalation from the bowels. Another object is to remove obstructions to exhalation from the skin or kidneys by diaphoretics, warm baths, diluents, and diuretics. Thirdly, you must endeavour to stimulate compensatory exhalation from the skin and bowels. You will also find much good derived from tonics, such as iron.

Several cases in the hospital were commented upon as illustrating the above remarks, and the details were given of two cases now in the wards, *viz.*, a case of ascites due to disease of the vessel, and a

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Abcess
Brachial

very remarkable case of general dropsy, in which there was no evidence of disease either of the kidneys or of the heart.—*British Medical Journal*, Dec. 28, 1871.

HOSPITAL NOTES AND GLEANINGS.

Cleft Palate.—In this case, admitted into King's College Hospital, there was a fissure of the whole of the soft and two-thirds of the hard palate in a young person. Sir W. Fergusson performed the operation upon the soft palate in the manner which he himself first proposed, dividing the muscles of the soft palate previous to paring the edges of the cleft. Chloroform was administered, and a new form of gag used, which consisted of two grooved plates to fit the teeth of the upper and lower jaws, connected by a horseshoe-shaped spring; this being placed on the teeth of one side of the mouth, was quite out of the way of the operator during his manipulations. Four sutures were employed to bring the edges of the soft palate accurately into apposition. The sutures were passed in the ordinary way; but an excellent plan is adopted by Sir W. Fergusson, who, to facilitate the adjustment of the sutures, uses them of two different colours, passing sutures of the same colour on the same side of the cleft, so that one colour indicates those to be withdrawn and the other those to be retained. In his remarks, after the operation, he referred to the use of chloroform in these operations, and said that the danger of giving much was owing to the loss of sensitiveness of the upper part of the larynx, and the consequent trickling of blood down the trachea and bronchi without corresponding reflex attempts to prevent it. The fact that even after the administration of chloroform some irritation was produced in the larynx and about the palate by the blood, was the cause of the restlessness shown by the patient, but this diminished during the later stage of the operation, when the parts became more tolerant of the cause of excitement in them.—*Med. Times and Gaz.*, Feb. 10, 1872.

Abscess within or around the Sheath of Brachial Plexus, simulating Medullary Tu-

mour; Pus evacuated; Recovery.—J. S., aged 36, a printer's pressman, had suffered for some months from severe gnawing or stabbing pains extending from the shoulder down the inner side of right arm and forearm to the tips of the fingers. He had been treated at other public institutions for rheumatism. He was admitted under the care of Dr. WAITE, who, after inquiry into the antecedent history and occupation of the patient, found that the pain he complained of was deep-seated, and most severe about the neighbourhood of the axilla and supra-clavicular region. The elbow- and shoulder-joints were also at times very painful, which, associated with some pyrexia, probably induced the belief that the patient was suffering from subacute rheumatism. While under Dr. Waite's care, he was treated with bicarbonate of potash, iodide of potassium, and opiates; but the most powerful local and general sedatives failed to procure relief from the severe pains in the course of the nerves. He had little rest day or night—in fact, the nocturnal exacerbations were most severe. Dr. Waite attended him at his own home, and in a week or two after the application of large poultices to the shoulder the pain became somewhat less severe. On tracing up with the finger the course of the ulnar nerve to the apex of the axilla, a firm, hard, deep-seated, circumscribed swelling could be felt, as also in the supra- and post-clavicular regions. The natural inference was that a tumour of rapid growth, implicating and pressing upon the nerves of the brachial plexus, was the cause of the deep-seated pain and pyrexia. Mr. Churchill met Dr. Waite in consultation, and, after careful examination, was unable to obtain any evidence of fluctuation. The rapid growth, the febrility, and the decided increase of pain at night led to the suspicion of inflammatory mischief, although unaccompanied by local increase of heat or tenderness. The tumour was punctured with a large trocar and canula, and about two ounces of pus evacuated. The patient was instantly relieved, but the stabbing pains continued very severe. It was evident that pus was reaccumulating in the sac of the abscess, and about a week later Mr. Churchill made

a more extended incision, and gave free vent to the pus. The scalene muscles near their attachment to the transverse processes of the central cervical vertebrae were included in the abscess, which was now somewhat diffuse. The abscess healed from the bottom in the course of a few weeks, and his health rapidly improved. He was dismissed cured two months later.

—*Ibid.*

Shifting and Recurring Partial Hemiplegia in a Patient suffering from Bright's Disease.

—The following remarkable symptoms are supposed by Dr. Nicol, under whose care the patient was, and by his colleague Dr. Bourne, to have been due to a shifting edema about the pons Varolii.

J. W., aged thirty, suffering from Bright's disease, was admitted into the Bradford Infirmary, with extensive anasarca. His urine yielded more than half its bulk of albumen. After a course of hot-air baths, purgatives, and ferruginous tonics, the anasarca almost entirely disappeared, and the patient was enabled to get about. While in this condition, fifteen days after admission, he had, at midnight, an epileptiform seizure, which terminated in left facial and arm paralysis. He could not speak, but seemed to understand what was said to him. Mustard poultices were applied to the calves, and a catheter had to be passed.

On the following morning he was recovering slowly, and appeared to recollect all that had happened during the night. He spoke with difficulty. He was observed to be unable to close his eyes by a voluntary effort, although the usual winking took place. There were symptoms of lung congestion, for which poultices were applied. In the right axilla the temperature was 97.5°; in the left, 97°. In the evening the patient's general condition had much improved. On the right side the temperature was 97.4°; on the left, 99°. At ten o'clock in the evening another seizure occurred. This time the face was paralyzed on the right side; the eyes were drawn to the left; the power of speech was lost, he seemed unconscious, and yawned frequently. He passed urine in the usual quantity.

By ten o'clock on the following morning he was better, and pronounced simple words with difficulty. The face was not drawn, but the eyes were closed only with an effort. A grain of elaterium with four grains of calomel were placed on the tongue, and an enema of turpentine and castor oil was injected into the bowel. At ten in the evening a copious stool was passed, and in a quarter of an hour more the power of speech returned. It was found that though in the morning he had been unable to swallow, and could not protrude the tongue beyond the teeth, he had taken his dinner well. The bowels were still further freely opened.

The next day, the fourth after the first seizure, urine was passed in usual quantities, and he seemed to be quite well. He was ordered five grains of tannin three times a day, with milk and sherry. He remembered those who had been present during his last attack (several persons being present), and affirmed that he had been conscious of all that passed.

A third seizure followed at half-past one o'clock in the afternoon, after he had partaken fairly of dinner, and ended in right facial and arm paralysis, and partial loss of speech. Extensive dry cupping was practised for an hour; then an enema similar to the last was injected; a copious stool followed in rather more than an hour. The paralytic symptoms rapidly disappeared, and on the same day he was able to sit up in a chair.

On the following (fifth) day he was sitting up dressed; he spoke well, but the right arm was weak. He was ordered four ounces of sherry daily, and continued to take the tannin.

On the sixth day the urine was found to be acid, of a specific gravity of 1.010, and to contain pus-corpuscles to faint milkiness. It yielded rather less than one-half its bulk of albumen. Three days later the patient continued well, and the right arm was steadily gaining power.

—*Lancet*, Sept. 16, 1871.

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality from Smallpox in Philadelphia.

Week ending Jan. 27,	177
" " Feb. 8,	158
" " 10,	183
" " 17,	136
" " 24,	138

It will be perceived by the above that the epidemic of smallpox is abating in Philadelphia. It reached its height in the week ending Dec. 2, when the mortality was 233, since then, with slight variations, it has been gradually decreasing.

The American Medical Association will hold its 23d Annual Session, at Horticultural Hall, Broad St., Philadelphia, commencing at 11 o'clock A.M., May 7, 1872.

New York State Inebriate Asylum, Binghamton, N. Y.—The reports of this useful institution for 1871 show it to be in a very satisfactory condition. The number of patients treated during the year was 315, of whom 184 were discharged with great hopes of permanent reformation; 46 were discharged improved, and the present number of patients is 85.

Geneva Medical College.—The commencement exercises of this college were held Jan. 23d at Linden Hall. The degree of M.D. was conferred upon twelve candidates. With these exercises this institution ceases to exist.

A majority of the faculty have accepted chairs in the "College of Physicians and Surgeons of the Syracuse University." This institution will open for the reception of students some time during the current year.

Rush Medical College, Chicago.—At the commencement, held on the 17th Jan. last, the degree of M. D. was conferred on 77 candidates.

The annual spring course for 1872 of this school will begin Wednesday, March 6th, and will continue to June 26th.

The Rush Medical College building

having been destroyed by the great fire, the faculty, in order fully to maintain the interests of the college and to preserve its advantages to students of medicine, have secured the lecture and clinic rooms of the Cook County Hospital, cor. Eighteenth and Arnold Streets, in which to hold the usual spring course. Having tested the convenience of these rooms during a large portion of the winter term, they feel assured that the instruction will be as thorough and satisfactory as heretofore; and, therefore, confidently recommend that students of every grade avail themselves of their advantages.

As a means of acquiring practical knowledge, the spring course, it is claimed, offers superior inducements; the classes being comparatively small, and immediate personal inspection can be made of all experiments, operations, and demonstrations illustrating the several branches taught.

For further information address the Secretary of the Spring Course, Curtis T. Fenn, M.D., 1155 Michigan Avenue.

Hamilton on Fractures and Dislocations.

—The fourth edition of this work is most favorably reviewed in a very recent number of the *Med. Times and Gaz.* (January 27, 1872). The reviewer concludes with the following remarks:—

"In fine, the book is full of useful detail, is simple in its arrangement, explicit in description, and pleasantly and lucidly written. Its comprehensiveness and trustworthiness, and the facility with which reference can be made to any portion of its contents, make it a safe and valuable work to recommend as well to every practical man as to every earnest student.

"We cannot too thoroughly recognize the merits of the author, who has done so much to justify the fair name obtained by American surgeons."

Posthumous Work by the late Prof. ROBLEY DUNGLISON.—Messrs. Lindsay and Blakiston will publish shortly "A History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century." This work comprises the lectures delivered by the author when he was Professor of Medicine in the Univer-

sity of Virginia, carefully revised for publication by his son Richard J. Dunglison, M.D., so as to present the facts in book form.

Editors and Publishers.—It is stated, in an editorial in the number of the *National Medical Journal* for February last, that, the proprietors and publishers of that periodical "having claimed the right to publish matter which the editors did not approve," the latter had withdrawn their connection with that journal.

Drs. Busey and Lee seem to us to have acted rightly in this matter, and to have taken a proper view of the reciprocal duties of editors and publishers. They could not, as honourable men, holding the responsible position of editors, allow the interests of science to be sacrificed to the private interests of the publishers.

The following is the very remarkable statement of the latter (the italics are our own):—

"The cause of the rupture is to be told in a few words. During the month of December an article was handed in, written by a friend and one of our *advertising patrons*, reflecting on a new preparation, introduced by another patron—called "Borobalsamine." The undersigned asked the editors to withdraw it, as it would materially affect their interests outside of the journal; but they declined, and promised that the reply of Professor Oldberg should also be published. Upon the presentation of the reply to the editors, they refused the article admission, and thereby materially injured the publishers in their *business interests.*"

New Medical Journal.—Drs. S. C. Busey and Wm. Lee announce that they will commence, early in March, 1872, the publication of a monthly medical journal, under the title of the *Washington Medical Monthly*. Drs. Busey and Lee will carry into their new enterprise, we are sure, the sympathy and encouragement of their former contributors and subscribers, and we hope they will reap a rich reward from their manly efforts to maintain the honour and independence of medical journalism.

Medical Diagnosis.—Dr. WILLIAM PAPER will give a course of practical instruction on this subject in the wards of the Philadelphia Hospital, extending from March 20 to June 20. The course will be entirely clinical, and each student will have ample opportunities of familiarizing himself especially with all the branches of Physical Diagnosis.

FOREIGN INTELLIGENCE.

Subcutaneous Injection of Morphia in Cholera.—Dr. JOHN PATTERSON, Physician to the British Seaman's Hospital, Constantinople, speaks (*Med. Times and Gaz.*, Jan. 27, 1872) very favourably of this mode of treatment. He says: "I do not of course maintain that this treatment is a specific against cholera; I only claim for it that its action is more decided than any other treatment I have seen or practised, and that in the race against death we gain time for further treatment when it is necessary. It is long since I lost hope of the ordinary treatment influencing much the course of the disease, and, after treating more than a thousand cases at various times of epidemic, I am glad to report that this has really been of great service. My colleague, Dr. Werry, speaks equally favourably of the results obtained in his practice."

He gives the following table of his main results:—

	Number of Cases.	Recovered.	Dead.
Treated in the usual manner	10	1	9
Treated by mor- phia injections	42	22	20
Total .	52	23	29

But, of the cases treated by injection, 8 were perfectly helpless from the first, being *in articulo mortis*, 1 had severe liver complaint, and 1 was far advanced in consumption; so that, in reality, we had 32 cases where the treatment had a fair chance, reducing the mortality to 10 in 32; and of these 10, 1 was 60 years of age, 1 within a few days of her confinement, and 8 hard drinkers.

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Xylol.—This hydrocarbon, it seems, has been used in Berlin in the treatment of smallpox with good results.

The *Berlin Klinische Wochenschrift* states that Dr. Zuelzer, of the Charité Hospital, had administered xylol in cases of smallpox, with the most complete success. It is given in doses of from 3 to 5 drops for children, 10 to 15 drops for adults, every hour to every three hours: as much as a teaspoonful at a time has been taken. The most convenient form of taking it is in capsules containing 3, 5, 8, and 12 drops each.

The theory has been broached that xylol is taken up by the blood, and acts as a disinfectant. Absolute purity of the xylol is necessary, as toluol and other analogous compounds do not possess this peculiar action, and it seems there are some practical difficulties in obtaining xylol absolutely pure.

Xylol, or xylene, C_8H_{10} , was first separated from coal naphtha by Dr. Hugo Müller; it is obtained by fractional distillation until a distillate is obtained of about 140°C . boiling-point; this is mixed with sulphuric acid, which dissolves xylol, forming xylol sulphuric acid; this acid is decomposed by dry distillation, and the xylol thus obtained is further purified. Pure xylol is colourless, it has a faint odour, somewhat like benzol, but different, boiling-point $139^{\circ}\text{ C}.$, sp. gr. 806.—*Ned. Press and Circular*, Feb. 7, 1872.

Detachment of the Periosteum in Gunshot Wounds.—M. Després, reporting on some cases of gunshot wounds to the Society of Surgery, called attention to the great detachment of periosteum at a distance from the fracture which sometimes takes place, and which he attributes to the concussive action of the ball on the bone, but which others refer to the effusion of blood near the seat of fracture. However this may be, extensive consecutive necroses take place, which may be followed by extensive reproduction of bone. Such detachment easily and almost completely takes place in spite of there being a great number of splinters, and constitutes an additional reason in favour of the precept of never amputating for a comminutive fracture of

the leg or arm, however numerous the fragments may be, providing the arteries and nerves are not seriously damaged.—*Med. Times and Gaz.*, Feb. 3, 1872.

Extracts of Meat from a Physiological Point of View.—P. MÜLLER contributes an important article on this subject—important not only from the valuable *résumé* given of all that is known relative to the chemical composition of meat extracts, soups, etc., but as adding to our knowledge of the physiological effects of such extracts. The paper is divided into three chapters, the first of which treats of the fluid of muscles, soups, and extracts, stating the relative proportions of the several ingredients entering into these, and detailing the researches of Liebig and others in this field. Extracts of meat are shown to be destitute, or nearly so, of true alimentary substances (albuminoids), and to be rich in such nitrogenous substances as are incapable of acting as food. The second chapter deals with certain principles of organic origin, such as creatine, found in meat extracts; and these principles are stated from the accordant experiments of the author and Kimmerich (*Wein. Med. Wochenschrift*, 1869) not to be dynaphorics, like tea, coffee, etc. Further, the ash of extracts of meat is shown to exert a poisonous action upon animals. The concluding chapter treats of the action of potash salts upon the animal economy.

The following are M. Müller's conclusions:—

" 1. Meat extracts are neither direct aliments, for they contain no albuminous matters, nor indirect aliments, for their azotised principles do not arrest disassimilation.

" 2. In small quantities they may be useful, from the stimulant action of the potash salts which they contain, as these salts aid digestion and circulation.

" 3. In larger doses, instead of being useful, they may have an injurious effect. Administered in the course of prolonged illnesses, when the powers are enfeebled by long abstinence, the salts of potash may exert an injurious action, more manifest in proportion to the quantity of chloride of sodium lost by the organism. Far

from favouring nutrition, they may impede it—(1) by the direct action of potash salts upon the blood globules, causing a diminished absorption of oxygen; (2) by the predominance of salts in the serum, which exert no special solvent action on carbonic acid, and do not permit the exhalation of the normal quantity of this gas, and, consequently, the introduction of oxygen.

"4. The physician should always remember that to give these extracts alone is to keep the patient in a state of inanition."—*Med. Times and Gaz.*, January 27, 1872, from *Moniteur Scientifique*.

Effects of Alcohol on the System.—Dr. WILKS, of Guy's Hospital, for the purpose of watching more closely the effects of alcohol on the system, has for many years prescribed a medicine which he calls "mixture alcoholica," composed of rectified spirit, tincture of cardamom, and water, to be given at intervals during the day. But it is only in a particular class of cases that it is applicable. For the various ordinary acute and chronic disorders he has used wine and brandy when he has considered them necessary. It has been more especially in cases of atrophy in children and in tuberculosis that he has used this form with the most beneficial results. He believes that he was indebted many years ago to Dr. Sutton (now of the London Hospital) for this method of administering alcohol, and he has continued to use it ever since with very often marked success. When physician to the Royal Infirmary for Children, Dr. Wilks often prescribed small doses of rectified spirit, according to the above formula; but, unfortunately, there is no record of the results. He remembers one case, of a little boy who was said to have marasmus. He lay in bed almost a skeleton, and had taken all kinds of nourishment, with cod-liver oil, in vain. He was then ordered small doses of alcohol four times a day, and rapidly improved, so that in a few weeks he was fat and strong.

Dr. Wilks says he must leave it to the physiologist to determine the action of alcohol in the system; but from the fact of its not being eliminated, and from persons growing fat who partake of it, he

has never discarded Liebig's views; certain it is that wasted children often directly improve under its use.

At the present time there is a little boy, aged five years and a half, in Guy's Hospital, under Dr. Wilks's care, who is on this plan. He was admitted in an extreme state of emaciation on Oct. 25th. No disease could be found in him, and he was handed over to the sister of the ward to take charge of, as it was thought his ailments might be due merely to starvation. In spite, however, of good living, with a little wine, he did not improve, and therefore, after being in for about six weeks, on Dec. 15th he was ordered one drachm of rectified spirit four times a day. In a few days he was better. He was soon able to leave his bed, and he has been growing fatter and stronger ever since.—*Lancet*, Jan. 27, 1872.

Diagnosis of Syphilis by the Microscope.—At a late meeting of the Vienna Medical Society, Dr. LOSTORFER read a paper containing the results of investigations into the nature of the microscopic appearance of the blood of syphilitic patients. The researches have been continued several months in Professor Stricker's laboratory, and, as will be seen, confirmed by no less an authority than that of Hebra, and if further confirmed they will, beyond any doubt, be one of the most important discoveries for practical medicine.

During the last few years several attempts have been made at explaining different diseases, and particularly infectious ones, by the presence of fungous growths in the blood, secretions and excretions, as well as in the tissues of the human and animal body. In syphilis it was particularly the patients' blood which has been searched for organisms of a lower range. The results of these investigations, however, have been negative, with the single exception of Hallier, who describes a fungus, found in different infectious diseases, of that nature which has been called "micrococcus" by the same author. The micrococcus *per se* is not characteristic of any disease, but becomes so—according to Hallier's opinion—in the species produced by artificial cultivation. One of the greatest micrologists (De Bary) has

objected in a most emphatic manner to Hallier's method of cultivation—so that it has been abandoned by almost all workers in that direction.

Dr. Lestorfer thinks that the negative results of blood investigation have been due to two causes, namely—1. Hitherto nearly all researches have been made with too low powers; he is convinced that such investigations cannot be made with a less magnifying power than with Hartnack's eyepiece No. 8, and the immersion-lens No. 10. 2. All researches have been made with fresh blood, and the objects soon spoiled by an unfavourable method of preservation. The opinion has, unfortunately, always been prevalent, that what is to be seen in blood must be seen best in fresh blood, but it has been overlooked that things may be so minute as not to be viewed at first, but that they may grow to a visible size.

Under these considerations, Dr. Lestorfer commenced his researches in August, 1871, in Prof. Zeiss's wards for syphilis. The method observed was excessively simple. A small drop of blood, taken from a syphilitic patient, was put as quickly as possible on a clean object-glass, covered, the whole object conveyed to an exsiccatorium, arranged in a kind of Rec-
linghausen's moist camera, and daily carefully examined with the magnifying powers mentioned above. The result of the first four objects was already positive, and remained so afterwards in large numbers of objects, the blood having been taken from different patients suffering from various, yet unmistakable, forms of syphilis.

During the first two days of investigation nothing could be seen except vibrios, bacteria, and commencing forms of sarcina. In the third or fourth day, however, and, in exceptional cases, after the lapse of twenty-four hours, minute bright corpuscles became visible, some of which remained immovable, whilst others continued in a state of undulation. Some of these bodies exhibited a projection. On the fourth day (exceptionally on the third, fifth, or sixth day) the corpuscles were enlarged in bulk and in numbers. Of those enlarged, the majority had the projections just named, which were undoubt-

edly a kind of sprouts, which in some cases were larger in size than the corpuscle itself. In the following days the growing continued, so that some of these bodies became as big as, and even bigger than, red blood-corpuscles. Besides these, there were numbers of smaller corpuscles visible, growing and sprouting, some exhibiting one projection, others three or more projections; the latter were sessile, or had a minute pedicle. The corpuscles were by no means all globular, but of different irregular shapes. After eight or ten days a vacuola was formed in the larger corpuscles, which extended over the whole corpuscle, and terminated the further development of the growth. Different fluids, as sugar, Pasteur's liquid, common salt, acetic acid, etc., were not able to arrest the shrivelling of the bodies and further retrograde development.

Concerning the number of corpuscles, it varies greatly in different cases. Whether this be dependent upon the different stage of the disease, cannot yet be said, and must be reserved for further investigation. Dr. Lestorfer has treated in a similar manner the blood of patients labouring under gonorrhœa, diphtheria, eczema, typhus, elephantiasis, and lupus, but never found anything to be compared with the appearance of syphilitic blood. Dr. Lestorfer is cautious enough not to give any opinion as to the relation of the "syphilis-corpuscles," as he calls them, to the disease; whether they be the cause or the result of the latter he pretends not to know, but contents himself to state the facts he has found. After having alluded to a number of patients (and their histories) from whom he had procured blood for examination, he winds up with the statement that he is able in any case to form the diagnosis of syphilis by examining the blood microscopically.—*Med. Times and Gaz.*, January 27, 1872.

OBITUARY RECORD.—Died December 26, 1871, in his 88th year, the justly celebrated ophthalmologist, Professor JAEGER. He was very skilful as an operator, and continued until an advanced age to perform the most delicate operations with surprising precision and firmness of hand.

THOMAS ON DISEASES OF WOMEN. Now Ready.

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A few notices of the previous editions are subjoined.

America has of late years been celebrated for the amount of work done on this subject, and Dr. Thomas's volume is the latest, and, we think, one of the best books on diseases of women published in that country. It is a carefully considered and talented volume, up to the latest information, and especially good as regards the treatment recommended.—*Brit. and For. Medico-Chirurg. Review*, Oct. 1871.

No work on Diseases of Women by an American author has met with so distinguished a success, or has so well merited the favor it has received, and in few books is there less occasion for apology

in the preparation of the second edition than in this, yet it is but just to the author that it should be understood, that only six months had elapsed after the issue of the first edition, before a second was called for. We have little hesitancy in adopting Dr. Thomas's views on this subject, as upon most others to which he has given his thoughtful attention. A bold and strong mind in the determination of truth are associated in him with a clearness of statement and graphic power in description, that eminently qualify him to instruct. We therefore very cordially recommend his book to all who wish to pursue this branch of study.—*Baltimore Med. Journal*, Dec. 1870.

A NEW AMERICAN SURGERY.—Just Issued.

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Indeed, the work as a whole must be regarded as an excellent and concise exponent of modern surgery, and as such it will be found a valuable text-book for the student, and a useful book of reference for the general practitioner.—*N. Y. Med. Journal*, Feb. 1872.

It gives us great pleasure to call the attention of the profession to this excellent work. Our knowledge of its talented and accomplished author led us to expect from him a very valuable treatise

upon subjects to which he has repeatedly given evidence of having profitably devoted much time and labor, and we are in no way disappointed.—*Phila. Med. Times*, Feb. 1, 1872.

The author has succeeded admirably in condensing into a volume of a thousand pages all the surgical information which the general practitioner requires. The work is fully abreast of the times, and contains all the modern improvements in surgical science which have proved satisfactory in the author's hands.—*Canada Lancet*, Feb. 1872.

Of decided value, and better adapted to the wants of students and general practitioners than any other work of its size that has of late appeared. American surgery owes its thanks to Dr. Ashurst for his very creditable contribution to the professional literature of the country; a contribution in which he has not failed to make due recognition of the labors of his fellow-workers on this side of the Atlantic; and these fellow-workers will have frequent occasion to avail themselves of the numerous statistical tables which he has elaborated and incorporated in the present volume.—*Cincinnati Clinic*, Feb. 10, 1872.

HENRY C. LEA, Philadelphia.